

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER

(LAST)

COWLES

DATE APR -3 AM 11:17

1. Office, Agency, or Court

Agency Name

City of Vista

Division, Board, Department, District, if applicable

Your Position

Deputy Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: Buena Sanitation District

Position: Board Member

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County☒ County of San Diego☒ City of Vista☒ Other Buena Sanitation District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have verified the information herein and in any attached schedules is true and complete. I acknowledge the accuracy of the information.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/07/2013

(month, day, year)

(File the originally signed statement with your filing official.)

SCHEDULE D

Income – Gifts

Name

Dep. Mayor Dave Cowles

► NAME OF SOURCE (Not an Acronym)

Scripps Health, Julie Lee Dir Community Relations

ADDRESS (Business Address Acceptable)

130 Cedar Road #200, Vista, CA 92083

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Meet the Leaders Dinner, Shadowridge Country Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 12	\$ 40.00	1 Ticket
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Tri-City Hospital Foundation

ADDRESS (Business Address Acceptable)

4002 Vista Way, Oceanside, CA 92056-4506

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Moonlight Foundation Gala Honor Kathy Brombacher

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 12	\$ 240.00	2 Tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Moonlight Cultural Foundation, Opening Night

ADDRESS (Business Address Acceptable)

1400 Vale Terrace, Vista, CA 92084

BUSINESS ACTIVITY, IF ANY, OF SOURCE

non-profit fund raising support Moonlight Theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 27 / 12	\$ 70.00	2 Dinners
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Vista Fire Fighters Association IAFF Local 4107

ADDRESS (Business Address Acceptable)

P.O. Box 1119, Vista, CA 92085-1119

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Fire Fighters

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 12	\$ 50.00	Holiday Gift Basket
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____